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## LETTERS TO THE EDITOR



[The letter department is open for free discussion of all nursing problems and we do not assume any responsibility for the views expressed by contributors. It has been our custom not to restrain any reasonable expression of opinion, but we do not see that the discussion of the nursing problems such as have been contained in some recent letters offers any solution to the difficulties described. We are sometimes reminded by such of the advice given by Abraham Lincoln to one of his generals who was smarting under certain wrongs, to write out his complaints fully, and then, when his mind was relieved by their rehearsal, to tear up the communication rather than send it to the person addressed, one good object having been accomplished.

We all have our troubles, and at times discussion of these with our friends or in a local association may be helpful, but we question whether letters to the public should contain personal complaints unless some universal remedy can be applied.—ED.]

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DEAR EDITOR: It is no wonder to one who has tasted the climatic delights of California, that, my dear sister nurses, you come here in great numbers when the rigors of winter make your home state an ice-bound death-in-life.

Why should you not come where the roses are a dangle of perfumed blossoms, and the scent of heliotrope is as sweet in out-of-doors January as in June, where the glory of the orange flowers creep up the olfactory nerves and in through the brain, making it deliciously languid, exquisitely pleased, and floods the heart as with a psalm of thanksgiving?

God made California for just such as you. . . . Tired, nervously over-wrought, the beauty of your short summer season lost for you in darkened rooms, leaning over beds, and drinking in the fevered breath of patients. Oh, I know it all. I have been there! And so when winter comes you have no further strength to meet its greater demands of physical endurance,—and you long for a change from snow and ice to sunshine and blue skies and millions of blossoms growing among the grasses of earth. Then you turn your face to the golden glowing West and *you come*.

You see California's mountains,—those glorious mountains, where the ever-gentle winds come sweeping down into the valley, making them to laugh and sing. You see her girdle of Pacific waters, her islands, her groves of orange, lemon, olive and walnut trees. In her cities the wondrous growth, from desert land only a few years ago to its challenge of

equality with any city in any state of its size in the east; and you are well satisfied to remain *pro tem* in this summer sunlit land. So long as you are reimbursed for the expenses of crossing the continent you will be content.

In the east you were making \$25, or perhaps \$30 a week—here you will positively take anything; and there are so many of *you* that the position is alarming.

You remember the dying father who bade each of his quarrelling sons to bring him *a thin stick* of wood and then bind them together. That was simple—but when he commanded them to break them it could not be done. “So will it be with you my children if you remain in unity,” said the old man. “Stand alone and the world will drop you like a twig,—united you are strong.”

Sister nurses, let us be united in our resolve to be professionally strong in our belief that we are worth the money by standard asked. It is a fact that from October to April nurses can be had here for \$10 and \$15 a week and that many are nursing in hospitals for \$30 and \$35 a month.

They *have* to take it—knowing that if they do not, another will.

A male nurse last week was called by a well-known physician here, and asked if he would take care of a certain patient. He agreed to do so, and the doctor said, “You will receive \$15 per week.” The nurse refused the terms—and later the physician was compelled to recall him and offer the usual rate, \$25.

There has not been the same honor among our sex. True, I know there has been more pressure. Nurses here literally *had* to accept what they would be ashamed to confess at home.

But is this fair to those who remain here? When the east grows balmy again you will hie away, never giving a thought to those whose bread you have taken, whose place you have filled. You have created a demand for your services in the east. You are protected by your hospitals. Here we are growing up into ideals and by your lowering of the professional standard, you are bringing on us a slur which reacts on you and makes again a chaos of the order instituted for the aid of physicians, and the trained intelligence of a body of women battling with the greatest foe known to our humanity.

It is not that people cannot pay our meed. It is because they have learned to *set their own price*. It is a small matter for a man to pay \$20 a day for the hire of an automobile or \$30 for a hat for his wife,—but that same man will bicker and grumble before paying \$25 for a week

of probably 140 hours' close watching and faithful fighting against the odds of death.

In closing let me beg you who may be planning to come to this beautiful "city of the angels" to come determined to do as you would be done by. If hospital training is worth anything it is worth our while to keep its dignity intact, and you cannot do it by cheapening its remuneration. When you meet deserving cases *give* your services for Christ's sake, but when you demand your fee let it be a legitimate and uniform one so that the nurses of the west may know that the nurses of the east are a united people.

A. C. TRUSS, R.N.,  
Los Angeles.

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DEAR EDITOR: In reference to the letter of M. B. B. in the April number, I would like to state that just such difficulties have come to me in my few years of private nursing. I am sorry to say I have met some graduate nurses who seem unqualified to be called by that term.

One case that I was interested in was a chronic one; the nurse had to take to her bed for a time on account of illness. The nurse who took her place was unable to catheterize the patient (which at all times was very difficult), therefore the b.i.d. order for bladder irrigation was omitted. Instead of giving morphia,  $\frac{1}{4}$  gr., only when absolutely necessary, as were the orders, it was given nearly every other day, and only charted as being given twice a week. She reported such progress as "sleeping well," "clear urine," "good appetite," to the doctor, so that he had innocently discontinued many treatments and remedies that would have rectified these things had he known the truth. The first nurse, on returning to her case, found the urine so thick that it would not go through the catheter, with it a very offensive odor. The patient was in a stupefied condition, and when awake constantly called for "hypo." It took over a month for this nurse to undo her careless, heartless predecessor's work. Does it not seem as though such a nurse should be punished?

Then as to the nurse following the orders of the doctor. During a typhoid case the doctor ordered solid food for the patient, but every time this was given he vomited, and when broths, etc., were given rested quietly. When the patient developed convulsions, the doctor told the family they were due to something the nurse had given that he had not ordered. The family believed the doctor and wanted to change nurses, but friends advised them not to, so the nurse stayed, much against her wishes, and never told the family the truth about the case. After the patient died, the doctor wrote and begged the nurse not to mention

these facts and said he had to keep the family practice some way, and as they blamed him for the "bad" turn in the case, he thought the best way out of it was to lay it to her, as he knew she would not *dare* to defend herself.

What is a nurse to do in a case like this?

E. B. U., R.N.

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DEAR EDITOR: In reply to L. B. M.'s letter in the June JOURNAL let me say that if she will attend a meeting of the Associated Alumnae she will be happily surprised to find many private duty nurses among the delegates. Perhaps her own association has the bad habit of sending only hospital workers. It is hard for a private duty nurse to attend meetings and help in organization work, I know, for I am a private duty nurse, but there are in many places fine workers from our ranks and their hospital sisters are only too glad to share with them both the work and its rewards, such as attendance at a convention. W.

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DEAR EDITOR: In "Practical Suggestions" S. M. M. tells how lifting can be made easy. Such a suggestion can be of practical value only to those familiar with the "fall-out position."

If that position were illustrated or described the original intent of the suggestion would be serviceable to those unacquainted with the key to the situation.

AN IGNORANT ONE

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DEAR EDITOR: In the May JOURNAL C. H. J. asks where nurses are needed. Mason City, Iowa, has never been over-supplied, and now that two of our nurses have left we are wondering how we can supply the demand.

L. M. A.

(The name and address of the above writer will be given to any one wishing to make further inquiries.—Ed.)